Truth in Testimony Disclosure Form

In accordance with clause 2(g) (5) of rule XI* of the Rules of the House of Representatives, witnesses are asked to disclose the following information. Please complete this form electronically by filling in the provided blanks.

Committee: Transportation and Infrastructure
Subcommittee:
Date of Hearing: 05/16/19
Hearing Title :
"The Impacts of State-Owned Enterprises on Public Transit and Freight Rail Sectors"
Witness Name: Frank Cilluffo
Position/Title: Director, McCrary Institute for Cyber and Critical Infrastructure Security
Witness Type: ○ Governmental • Non-governmental
Are you representing yourself or an organization? O Self Organization
If you are representing an organization, please list what entity or entities you are representing:
Auburn University If you are a <u>non-governmental witness</u> , please list any federal grants or contracts (including subgrants or
subcontracts) related to the subject matter of the hearing that were received in the current calendar year and previous two calendar years by you or the organization(s) you represent at this hearing, including the source and amount of each grant or contract. Attach additional sheet(s), if necessary, to provide more information.
Rural Transit Assistance Program, Alabama Department of Transportation, Federal Transit Administration, US Department of Transportation
Period of Performance: 01/1/2014 to 09/30/2018, Award Amount: \$1,550,000
Low and No Emission-Component Assessment Program, Federal Transit Administration, US Department of Transportation Period of Performance: 09/20/2017 to 09/30/2023, Current award amount \$1.5M from Federal sponsor, \$1.5M cost share
If you are a <u>non-governmental witness</u> , please list any contracts or payments originating with a foreign government related to the subject matter of the hearing that were received in the current year and previous two calendar years by you or the organization(s) you represent at this hearing, including the amount and country of origin of each contract or payment. Attach additional sheet(s), if necessary, to provide more information N/A